

**WASTEWATER BRANCH  
HAWAII DEPARTMENT OF HEALTH  
EXEMPT PROJECT CERTIFICATION**

**PROJECT NAME:** \_\_\_\_\_

**PROJECT DESCRIPTION:** \_\_\_\_\_

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**PROJECT NUMBER:** \_\_\_\_\_ **C1500-** \_\_\_\_\_  
(Applicant) (State)

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**EXEMPTION LIST INFORMATION AS REVIEWED AND CONCURRED UPON  
BY THE ENVIRONMENTAL COUNCIL:**

**EXEMPTION CLASS NO.** \_\_\_\_\_

**EXEMPTION LIST DOCKET NO.** \_\_\_\_\_

**EXEMPTION LIST DATE:** \_\_\_\_\_

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**CERTIFICATION:** (County certifies that it has conducted a current assessment of the environmental impacts of the proposed project, and has determined that the project is consistent with the Exemption Class as noted above.)

Signature \_\_\_\_\_

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Title

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Date \_\_\_\_\_